| Center Name: | Date: |
| Director Name: | Videographers: |
| Address: | Center Code: |
| Phone: | Time of Meal |
| E-mail: | Begin _________ End __________ |

**Name of Group:**
**Teacher Code:**
Age range of children at the table in months (youngest to oldest):

**Accredited:** Yes ____ No _____

_____ Half day Program
_____ Full day Program

**CACFP:** Yes ____ No _____

**Meal observed:**
_____ Breakfast  _____ Lunch
_____ Snack  _____ Dinner

**Type of Meal Service:**
_____ Pre-plated  _____ Self-served
_____ Cafeteria  _____ Buffet
_____ Lunch box  _____ Partial lunch box

**Comment:**

**Food Served (include beverage):**

**Draw the mealtime table configuration. (i.e. tables and chairs, carts, microwaves; indicate where adults are sitting or standing using code CH(child) T (teacher), AT(assistant teacher), P(parent), C(cook), and O(other); indicate camera placement; mark an X on the drawing for the table you videotape;**

| # of tables |
| # of children at each table |
| # of adults in the room |

**Describe how food arrives at the classroom.**

**Describe how food arrives at the tables.**

**Describe how bowls are replenished.**

**How did the teacher replace contaminated utensils?**

**Adults present:**
_____ Cook
_____ Teacher
_____ Assistant Teacher
_____ Parent
_____ Other (explain)__________

**Other:** (Special or unusual events before, during, or after the meal; equipment failure or problems.)

**Data to delete:** (Include camera counter # and a description of the image/sound to delete.)
Center Name:  *ABC Child Care Center*  
Director Name:  *Patricia Romero*  
Address:  1520 Apple Lane   Anywhere, ID 88888  
Phone:  555-555-5555  
E-mail:  pjones@int.net  

Date: 3/6/03  
Videographers:  Thomas P. & Maria S.  
Center Code:  Idaho.2  

Name of Group:  Preschool  
Teacher Code:  Idaho.2.1  
Age range of children at the table in months (youngest to oldest):  
37 months to 53 months  

Accredited:  Yes  
Half day Program:  No  
Full day Program:  X  

CACFP:  Yes  

Meal observed:  
Breakfast:  No  
Lunch:  X  
Snack:  No  
Dinner:  No  

Type of Meal Service:  
Pre-plated:  No  
Self-served:  X  
Cafeteria:  No  
Buffet:  No  
Lunch box:  No  
Partial lunch box:  No  

Food served (include beverage):  
Chicken patty  
Broccoli  
Vanilla yogurt  
Orange slices  
Wheat roll  
Non-fat milk  

Comment:  

Describe how food arrives at the classroom.  
_Cook brings food into room on a cart._  

Describe how food arrives at the tables.  
_Cook, with the assistance of three children, takes food from cart and sets on tables._  

Describe how bowls are replenished.  
_Teachers request food items needed and cook refills from extra bowls on cart._  

How does the teacher replace contaminated utensils?  
_Spare items are kept on cart and contaminated items are placed in dish bin._  

Draw the mealtime table configuration.  
(i.e. tables and chairs, carts, microwaves; indicate where adults are sitting or standing using code CH-child, T-teacher, AT-assistant teach, P-parent, C-cook, and O-other; indicate camera placement; mark an X on the drawing for the table you videotape.)  

<table>
<thead>
<tr>
<th>#</th>
<th>CH</th>
<th>AT</th>
<th>T</th>
<th>#1</th>
<th>#2</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>C</td>
<td>cart</td>
</tr>
<tr>
<td>4</td>
<td>CH</td>
<td>CH</td>
<td>CH</td>
<td>CH</td>
<td>CH</td>
</tr>
</tbody>
</table>

3 # of tables  
6,6,3 # of children at each table  
4 # of adults in the room  

Adults present:  
1 Cook  
1 Teacher  
2 Assistant Teacher  
Parent  
Other (explain)__________  

Other:  (Special or unusual events before, during, or after the meal; equipment failure or problems.)  
_Fire drill half hour before lunch, children talking about it during meal._  

Data to delete:  (Include camera counter # and a description of the image/sound to delete.)  